

BIDDER'S APPLICATION FORM



Procurement Services Division
401 South Spring Street
Room 801 William G. Stratton Building
Springfield, Illinois 62706-0002

The information requested is necessary to accomplish the statutory purpose as outlined under, 30 ILCS 505/1 et seq. Disclosure of this information is **REQUIRED**. This form has been approved by the Forms Management Center. In compliance with the state and federal constitutions, the Illinois Human Rights Act, the U.S. Civil Rights Act, Americans with Disabilities Act, and Section 504 of the Federal Rehabilitation Act, the Department of Central Management Services does not unlawfully discriminate in employment, contracts, or any other activity.

INSTRUCTIONS: Please type or print legibly in ink. In order to be placed on the Department of Central Management Services Bid List, please respond to all required questions and sign in the space provided. If appropriate answer is "same," "not applicable," or "none," please write this to indicate no questions have been overlooked. Return this form to the address shown above even if you normally deal with people or divisions at another address.

1. Name of business, street address (no P. O. Box), city, state, and ZIP code.

Contact Person

Telephone No.

 Ext.

Toll Free No.

Fax No.

E-mail address

County

2. Address to which bid proposals are to be mailed if different from #1, (P. O. Box acceptable). If address is same as in #1, please indicate.

Contact Person

Telephone No.

 Ext.

Toll Free No.

Fax No.

E-mail address

County

3. If a division of a corporation, show name and address of parent company.

4. IDHR Contractor Registration Number:
Expiration date

NOTE: DO NOT RETURN YOUR APPLICATION WITHOUT INCLUDING THIS NUMBER. If a person/contractor employs 15 or more employees, the Illinois Department of Human Rights (IDHR) requires all such persons/contractors wishing to bid on State of Illinois contracts to file a completed Employer's Report Form (PC-1) before bid opening. If not enclosed, a PC-1 form may be obtained by calling IDHR at (312) 814-2431, TDD (312) 263-1579, www.state.il.us/cms/purchasing.

5. CERTIFICATION: Applicant, under penalty of perjury, certifies that:

A. Applicant is doing business as a (check one only):

☐ Individual
☐ Sole Proprietorship
☐ Partnership
☐ Corporation
☐ Medical Corporation
☐ Governmental
☐ Estate or Trust
☐ Pharmacy - Noncorporate

☐ Nonresident Alien
☐ Pharmacy/Funeral Home/Cemetery Corporation
☐ Tax Exempt Hospital/Extended Care Facility
☐ Petty Cash Custodian
☐ Unknown or Other

B. Applicant's Taxpayer Identification Number:

FEIN ☐ or SSN ☐ No.

6. From the attached list of commodity/service classifications, list up to 10 most applicable to your business. **Show commodity number and short description as listed on the attached for each classification chosen.** If more than 10 categories are needed, submit on a separate page and explain why additional categories are needed.

1.	6.
2.	7.
3.	8.
4.	9.
5.	10.

7. Date business established _____	8. Net worth of business _____
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9. Total sales and receipts for most recent fiscal year. (Include amounts for all affiliated businesses.) _____

10. A. In compliance with the Illinois Procurement Code, state the name of each person or company having a beneficial interest of more than 7 1/2 percent in the bidding enterprise and each person or company, who, together with spouse or minor children, has a beneficial interest of more than 15 percent in the bidding enterprise. (Attach additional sheets if necessary.)

Name & Address

Percent Owned

B. If applicant is a corporation, please complete both columns

Names of corporate officers

Names of corporate directors

11. If any of the people listed in 10A are elected officials, members of the General Assembly, state officers, Illinois state employees, or the spouse or minor child of such official, member, officer, or employee, please name that person(s), the office held, his/her position, and his/her relationship to the owner of the business, or if not applicable, check here. ☐

12. Suspension from bidding: Has applicant been suspended or barred from bidding by any governmental entity for any length of time during the last five years?

☐ yes ☐ no If yes, please explain.

13. The state has various special programs that may be available to your company. Please check each category that applies and in which you are interested. Fill in the associated blanks. You may be requested to complete a more detailed form(s) and provide additional documentation in order to ensure eligibility.

A. ☐ **Minority, Female, Person with Disability.** See 30 ILCS 575. The business must be at least 51 percent owned and controlled by one or more individuals who are minority, female, or a person with disabilities. If this block is checked, also check each of the following which are applicable:

☐ African American
☐ Asian American
☐ Hispanic
☐ Female

☐ Native American/Alaskan Native
☐ Person with Disability (disabilities must be severe, mental, or physical, which substantially limit major life activities)

B. ☐ **Not-For-Profit,** U.S. tax exempt agency for the disabled qualified under Section 501 of the Internal Revenue Code. See 30 ILCS 575/2A4.1.

14. The state has special programs that are available to Illinois-based companies **only**. Please check each category that applies and in which you are interested. Fill in the associated blanks. You may be requested to complete a more detailed form(s) and provide additional documentation in order to ensure eligibility.

A. ☐ **Small Business Set-Aside Program.** See 30 ILCS 500/45-45. This statute establishes that a representative number of State of Illinois Procurements be designated as Small Business Set-Asides for award to Illinois based small businesses only. To participate as small business you must qualify under the following definition and criteria: "Small business" means a business that is independently owned and operated and that is not dominant in its field of operation. When computing the size status of a bidder, annual sales and receipts of the bidder and all of its affiliates shall be included, subject to the following limitations: (1) No wholesale business is a small business if its annual sales for its most recently completed fiscal year exceed \$7,500,000. (2) No retail business or business selling services is a small business if its annual sales and receipts exceed \$1,500,000. (3) No manufacturing business is a small business if it employs more than 250 persons. (4) No construction business is a small business if its annual sales and receipts exceed \$10,000,000. NOTE: A business is considered "not dominant in its field of operation" if it does not exercise a controlling or major influence in a kind of activity in which a number of business concerns are primarily engaged. Please check all that apply:

☐ **Wholesale**

☐ **Retail/Service**

☐ **Construction Business**

Submit a copy of the latest year's Federal and State income tax return page(s) showing total annual gross sales for the company and an Illinois address. If both a wholesaler and retailer, the combined wholesale and retail annual sales for the latest year of tax filing shall not exceed \$9 million. The retail component shall not exceed \$1.5 million and the wholesale component shall not exceed \$7.5 million. Businesses desiring to qualify under the combined status must also submit a notarized statement delineating the retail and wholesale dollar components.

☐ **Manufacturing Business:** Submit a copy of the latest year's Federal or State income tax return page(s) showing an Illinois address and the latest year's form IL-W-3 (Illinois Annual Withholding Income Tax Return) showing the number of Forms W-2, W-2G and 1099-R issued (denotes number of employees at the company). If a manufacturing business has been in existence for less than a full fiscal year, its average employment shall be calculated for the period through one month prior to the bid or proposal due date. In such cases, a notarized statement to that effect and proof of when the business came into existence shall be submitted.

B. ☐ **State Use:** Not-For-Profit Agency for the Severely Handicapped which meets requirements of U.S. Department of Labor and the Illinois Department of Rehabilitation Services. See 30 ILCS 500/45-35.

Under penalty of perjury, the undersigned does swear or affirm that the information provided in this Bidder's Application Form is true and correct as of the time of signing. Applicant understands and agrees that failure to provide true and accurate information on this or any other document submitted to the state may, in accordance with Illinois statutes and rules, result in suspension from doing business with the state, termination of contracts, loss of profits in appropriate cases, and other sanctions.

Applicant agrees to provide additional information upon request to support the information provided herein, and further agrees that the state may audit any of applicant's records pertaining to this Bidder's Application. It is the responsibility of the applicant to immediately notify the Procurement Services Division of any and all changes in the content of this application.

If vendor fails to respond to three consecutive bids sent, the state will remove vendor from that classification (return of a "no bid" is a response). Vendor may be added to that classification again by submitting a written request to the Procurement Services Division.

The undersigned is authorized to sign this form on behalf of the applicant.

SIGNATURE _____

NAME _____

TITLE _____

DATE _____